



Read•Links

College of Pharmacists of BC
Bi-Monthly Newsletter

www.bcpharmacists.org

TSUNAMI

Are you ready for disaster?

Disasters like the tsunami that devastated south Asia create a rare and extreme challenge for pharmacists. Whether it's fire, flood, avalanche or earthquake, are you ready to respond to the health care needs of your community?

Ready or not, when catastrophe strikes you'll be expected to play an essential role during and immediately after a disaster. People will look to health care professionals and expect you to respond quickly.

As pharmacists, we must be able to provide a coordinated response during disasters so we can maintain appropriate levels of pharmacy services. We need to make sure there's a continuous supply of drugs and that clinical information is readily available to doctors, rescue workers and other health professionals.

The College recognizes this as part of our professional responsibility. Our Pharmacy Disaster Preparedness

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Shaping e-communication

Enclosed with this issue of *Read•Links* is "Policy Input: College seeks input on internet and email policy." Your response will help shape the College's future e-communication strategy.

"Communication technology is revolutionizing health care," says Registrar Linda Lytle. "In BC we take PharmaNet for granted, yet it's the most sophisticated electronic network of its kind in North America. BC pharmacists are amongst the most 'wired' Canadian health professionals and the most enthusiastic adopters of electronic communication methods such as E-Link."

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Read•Links online

It's now even easier to receive *Read•Links* online, read it on the College website, and access back issues and articles.

If you're searching for a specific story you can click on one of eight commonly viewed categories: Community Pharmacy, Ethics in Practice, Frequently Asked Questions (OnCall), Hospital Pharmacy, Long-term Care, PharmaNet, Professional Development and Assessment Program, Resource Source and What Went Wrong. You can also download entire newsletters in PDF (portable document file) format.



www.bcpharmacists.org>Resources>
ReadLinks (Bulletin) archives

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COLLEGE MISSION

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.



LPP assessors needed

By the end of February hundreds of Learning & Practice Portfolios will flood into the College as part of the first phase of the Professional Development and Assessment Program.

"We need 20 experienced pharmacists - four team leaders and 16 additional pharmacists - to help assess these portfolios and provide feedback," says Doreen Leong, Assessment Programs Director.

"We plan to select 11 assessors from community practice, six from hospital practice and three from other practice settings. This is an opportunity to network with pharmacists from a wide range of practices," says Doreen. The College provides training and a daily honorarium, and covers expenses for all assessors. Training and assessment is tentatively scheduled for a week in April.



If you're interested in finding out what it takes to be an LPP assessor, check out LPP assessor qualifications on the College website: www.bcpharmacists.org>Professional Development>Learning & Practice Portfolio>LPP Assessors Needed

FPP hits the road

When 300 pharmacists volunteered to help develop the Framework of Professional Practice (FPP) in 2002, they hoped one day it would become an integral part of every pharmacy operation.

That ambitious goal is now one step closer. This spring the College launches a pilot project that demonstrates how pharmacy managers can put the FPP to work to directly benefit their operations.

"When we created the FPP we didn't realize how powerful it could be as a business tool," says Doreen Leong, Assessment Programs Director. "Based on experience with similar programs in other countries, we've learned the FPP can enhance customer service, improve job performance and reduce staff turnover."

The College is starting small with a five-workshop pilot project. Each workshop offers techniques to enhance pharmacist recruitment and training, improve customer service and ensure effective performance evaluations.

"Since the FPP represents our professional standards of practice, it only makes sense that integrating these standards directly into the workplace will help community and hospital pharmacy managers sustain a higher level of patient satisfaction," says Doreen. "Our goal is to get the FPP off the shelf and into daily practice."

Pharmacy managers interested in learning more, or signing up for an FPP workshop, are welcome to call Doreen Leong at the College, email: doreen.leong@bcpharmacists.org.

LPP DEADLINE - FEBRUARY 28

The deadline for submitting Learning & Practice Portfolios (LPP) is coming up fast for 250 pharmacists taking part in the LPP component of the Professional Development and Assessment Program.



You can find helpful tips for completing your LPP Desired Practice Outcomes at: www.bcpharmacists.org>Professional Development>Learning & Practice Portfolio>Samples>Learning & Practice Portfolio - DPO Tips

Help fight crystal meth

BC's community pharmacists are on the front line of Meth Watch, a program designed to curb production of the street drug methamphetamine. Also known as "crystal meth," "ice," or "speed," methamphetamine is a highly addictive stimulant that affects the central nervous system.

Methamphetamine is often manufactured in small homemade labs using recipes available on the internet. In addition to the suffering caused by methamphetamine addiction, these small labs endanger communities because by-products of methamphetamine manufacture include toxic, hazardous and explosive chemicals.

Based on a successful program used in many US states, Meth Watch encourages cooperation between retailers and police and helps reduce suspicious sales of methamphetamine precursor products. These include pseudoephedrine-containing

cold remedies, plus common household products.

After attending the Western Canadian Summit on Methamphetamine, Deputy Registrar Brenda Osmond says, "Pharmacists need to be alert to large purchases and combination purchases of items on the 'crystal meth shopping list.' Since these products are available from non-pharmacy outlets, the Meth Watch program is aimed at all retail outlets, not just pharmacy."



Meth Watch is being implemented in BC by a coalition that includes the Canadian Association of Chain Drug Stores. You can find out how to train employees to recognize suspicious purchases and alert police without confronting customers on the Meth Watch website: www.methwatch.ca

Crystal meth shopping list

- Cough, cold and allergy over-the-counter drugs containing pseudoephedrine or ephedrine
- Acetone
- Rubbing and isopropyl alcohol
- Iodine
- Starter fluid (ether)
- Gas additives (methanol)
- Drain cleaner (sulphuric acid)
- Lithium batteries
- Rock salt
- Match books (red phosphorous)
- Lye
- Paint thinner
- Aluminium foil
- Glassware
- Coffee filters
- Propane tanks



DRUG UPDATES AND ADVISORIES

For full details please check the National Association of Pharmacy Regulatory Authorities (NAPRA) website, www.napra.ca. You can also find drug information on the College website, www.bcpharmacists.org.

Reminyl (galantamine hydrobromide) and Amaryl® (glimepiride)

Safety information on name confusion/medication errors with Reminyl and Amaryl
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/reminyl_amaryl_ltp_e.html

Celebrex (celecoxib) capsules

Cardiovascular safety information on Celebrex capsules, a selective cyclo-oxygenase-2 (COX-2) inhibitor
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/celebrex2_hpc_e.html

Aredia (pamidronate disodium) and/or Zometa (zoledronic acid)

Updated safety information on the possible relationship of Aredia and/or Zometa with osteonecrosis of the jaw
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/aredia_zometa_hpc_e.html

Bextra (valdecoxib) tablets

Safety information on Bextra tablets regarding cardiovascular risks and serious skin reactions
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/bextra2_hpc_e.html

Remicade (infliximab)

Updated safety information on the risk of malignancies associated with Remicade
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/remicade_hpc_2_e.html

Depo-Provera

(medroxyprogesterone acetate)

Updated safety information on the potential effect of Depo-Provera on bone mineral density changes in adults and adolescents
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/depo-provera_hpc_e.html

COUNCIL HIGHLIGHTS

January 21, 2005

Search for new Registrar underway

Council has started the challenging process of finding a new chief executive to lead the College when Registrar Linda Lytle retires on July 1, 2005. Councillors established a Registrar Selection Committee made up of President Rita Thomson, Past-President Wayne Rubner, John Hope and two public appointees, Michael MacDougall who chairs the committee, and Peter Rubin. (See story on this page for more details.)

Meth Watch educates pharmacy staff

A program which educates pharmacy staff on how to limit sales of products used to manufacture methamphetamine (crystal meth) is now available on the internet. The ten-minute, interactive, audio-visual tutorial describes what a crystal meth user experiences, why the highly addictive drug is so dangerous, and provides strategies for limiting and identifying suspicious purchases. (See story on page 3 for more Meth Watch information.)



Councillors encourage all pharmacists to view the Meth Watch tutorial and to urge all other staff members to view it as well. The tutorial can be found at: www.methwatch.ca

Compounding concerns

Council discussed concerns raised by a BC pharmacist regarding standards for compounding and manufacturing drug products. Registrar Linda Lytle informed Council that a National Association of Pharmacy Regulatory Authorities (NAPRA) task group, which includes a BC pharmacist, is developing standardized compounding guidelines. NAPRA plans to circulate the task group report in late spring. At that time Council will review the new guidelines and decide whether they suit the needs of BC pharmacists.

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Leadership search begins



Rita Thomson

Finding a chief executive officer to succeed Registrar Linda Lytle when she retires this summer is a daunting task.

"We are exceptionally fortunate that someone of Linda's calibre chose to devote her career to the College," says President Rita Thomson.

"For a quarter of a century Linda's dedication and strategic thinking have provided outstanding leadership," says Rita, "especially during her decade as Registrar." At the College's annual meeting keynote speaker Dr. David Brushwood, an internationally renowned expert on patient safety, said, "Everyone in America looks to BC – you are the people who are doing things the way they ought to be done."

To build on Linda's legacy, Council is conducting an international search for a new Registrar. The process starts with writing a job description, another daunting exercise.

"It's a challenge to capture in words the role Linda has created," says Rita.

According to the position description, "the Registrar provides leadership to the College; works closely with the Council in developing strategic plans to advance the College's mission and objectives; advises on policy; promotes positive relations with external contacts including the public, registrants, government, media and other stakeholders.

"The Registrar is also responsible for managing the College's finances; providing support to the Council; initiating governance development and implementation; recruiting, directing and managing both staff and volunteers, and providing assistance to ensure volunteer recruitment, orientation

and supervision." And that's just the first two paragraphs of a five-page document.

Then there's the selection process, a six-month schedule of tasks including interviewing four top executive search firms and a lengthy list of receiving progress updates, reviewing resumes and interviewing candidates. "This is so important that we decided to put the process in the hands of a Registrar selection committee," says Rita, "so they can focus on finding the best possible person."

Council plans to make an announcement in May which will provide time for an orderly transition before Linda leaves on July 1, 2005.

College needs your best photos

Do you have photos you're proud of and would like to share with other pharmacists? The College is always looking for images that we can use to refresh the College website and to raise awareness of the profession in future College publications. However, with technology advancing so fast, we do have to limit the type and format of images.



Find what you need to know before submitting your photos by reviewing College Image Bank Requirements for Submitting Photographs on the College website homepage under What's New: www.bcpharmacists.org

eServices save time

In response to pharmacist requests for speedier service, you can now update registration information and pay annual renewal fees online. Just click on the eServices icon on the College website homepage. This takes you to a login page which explains how to access eServices, a secure, members-only system.

You can now:

- Update your home address registration information
- Update your primary employer registration information
- Pay annual registration renewal fees
- Donate to the BC Pharmacists Benevolent Society and Canadian Foundation for Pharmacy

During 2005 eServices will expand to include:

- Registration for Professional Development and Assessment (PDAP) Knowledge Assessment exams

- Registration and payment for Jurisprudence Exam
- Pharmacy manager payment of annual renewal fees for pharmacies and pharmacist employees
- Non-practising pharmacist payment of subscription services

Every pharmacist should have received a letter explaining eServices and providing you with an ID number and temporary password. If you didn't receive this information, please contact April Lightbown at the College, toll-free 866-676-4224 or by email: april.lightbown@bcpharmacists.org



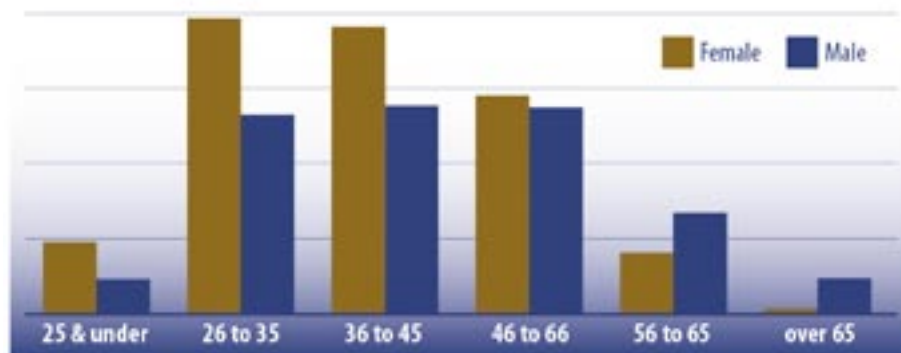
www.bcpharmacists.org

Our changing profession

Young women now dominate our profession. Analysis of the College's database shows that 54 per cent of BC's 3,744 pharmacists are female compared to 46 per cent male.

The shift is most pronounced amongst younger pharmacists. Of the two-thirds of

BC's pharmacists who are under 45 years old, about 60 per cent are women. The only category in which men outnumber women is amongst those aged over 55, where men make up two-thirds of practising pharmacists.



Five star pharmacist

Council approved criteria for a new awards program, including a top annual award for a "five star pharmacist." This unique award recognizes a pharmacist who exemplifies standards described in the Framework of Professional Practice and is a model for others. The award will raise the public profile of the winner and increase public awareness of excellence in our profession. It includes a bursary personally awarded by the "five star pharmacist" to a deserving pharmacy student. The new program also includes awards for excellence in community, hospital and long-term care pharmacy, and honour roll certificates for volunteers.

1000 in 2005

President Rita Thomson encouraged Councillors to continue raising awareness of the role of the College and the BC HealthGuide program through presentations of Council's Health & Yourself Seminars. To date Councillors have given presentations to more than 200 people. Councillors agreed to aim to reach "1000 in 2005." If you're interested in having a presentation in your area, please contact your district Councillor.

Check that you're covered

Councillors reviewed issues relating to compulsory liability insurance, a topic raised at the joint College and BCPhA meeting held in November. They encouraged all pharmacists to find out if their employer provides liability insurance and exactly what it covers.

Health info in 130 languages!

Help patients who have English as a second language make informed health care choices by encouraging them to call BC NurseLine. Your patients and their families can now get answers to health care questions in more than 130 languages. The service is available free to all BC residents 24 hours a day, toll-free at 866-215-4700.

Free BC HealthGuides in French and English

BC HealthGuide, a handbook for making health decisions at home and for knowing when to call a health professional, is now available in French, along with more than 170 health fact sheets. Call toll-free 800-465-4911 to order free copies for your pharmacy.



Find more information on the BC HealthGuide website:
www.bchealthguide.org

Be MedWise

This new website educates patients about proper nonprescription drug use.



www.bemedwise.ca.

PharmaCare changes

Patients with high prescription costs now have the option of distributing their PharmaCare deductible over the year, instead of paying their full deductible before receiving coverage. Your patients can get more information about the Fair PharmaCare Monthly Deductible Payment Option by calling toll-free in BC 800-387-4977.



Find more information on the BC Ministry of Health Services website:
www.healthservices.gov.bc.ca/pharme/plani/monthlypayindex.html

If we aren't medication experts, who is?

by Registrar Linda Lytle



*After reading the College's new "Pharmacy Matters" booklet, a pharmacist wrote to the College expressing concern. She didn't feel comfortable being described as an "expert on all prescription and non-prescription medications." She felt this statement unreasonably raises public expectations and that the College overstepped the line promoting pharmacist expertise on **all** medications.*

Here is Registrar Linda Lytle's response.

Promoting ourselves to the public as 'experts' does not mean the College expects every individual pharmacist to know everything about every drug. However, our patients do have a right to expect us to be able to quickly locate accurate medication information when needed.

Ongoing discussions at both the national and provincial levels debate the wisdom of positioning pharmacists as "medication management experts." Some comment that not all pharmacists perform all functions necessary for this level of practice. They feel we should wait until all pharmacists meet the highest standards before promoting ourselves as medication experts.

Others say that encouraging the public to expect high-level pharmacy service enhances the standard of pharmacy care currently being offered. Our Council and College support this approach. After all, if pharmacists aren't the medication experts in our health care system, who is?

We believe most pharmacists in BC provide care that meets or exceeds our standards of practice as described in the Framework of Professional Practice (FPP). This belief is supported by the 95 per cent success rate for pharmacists who took part in the first cycle of

the College's Professional Development and Assessment Program (PDAP).

We believe in an "outcomes-based" approach to providing care. We expect pharmacists to exercise their personal, professional judgment, rather than being required to blindly comply with College edicts. Many pharmacists applaud this approach. They welcome the opportunity to employ their expertise and knowledge in situations that cannot be described in "broad brush" legislation or detailed in College professional practice policies.

This "outcomes-based" approach does not allow the College or pharmacists to evade responsibility or liability. We are ready to support and, if necessary, defend any pharmacist who uses professional judgment, provided the resulting action is patient-centred, reasonable and documented.

How the FPP can help

Here's how you can use the Framework of Professional Practice (FPP) to translate the expectation of "medication expertise" into daily practice.

If you take a look at Role 3, "Contribute to the Effective Operation of the Pharmacy," you'll see that Function C says, "Contribute to systems to provide products and quality services" (FPP pages 14, 15).

Under Activities 2 and 3, you'll find that pharmacists are expected to:

- Create, maintain and improve information and resources
- Seek continuous improvement

How do you know if you're reaching an acceptable standard in these activities? Check out "indicators of good practice." For these two activities, indicators include:

- Information and resources are relevant, accurate and current
- Information can be retrieved promptly and conveniently when required

- Feedback is sought from clients and staff about the effectiveness of services and products

Then take a look at Role 4, "Maintain professional development and contribute to the professional development of others" (page 17). The introduction to this role explains that pharmacists can achieve this goal through "professional development, continuing education, workplace interaction and problem-solving."

Function A explains that you have a personal responsibility to, "Plan and implement personal development strategies to improve current and future performance." If you feel uncomfortable being described as a "medication expert," it's time to undertake Activity 1, "Create and maintain a professional development plan."

FRAMEWORK OF PROFESSIONAL PRACTICE

ROLE 3 - CONTRIBUTE TO THE EFFECTIVE OPERATION OF THE PHARMACY

Function C - Contribute to systems to provide products and quality services

Activity 2: Create, maintain and improve information and resources

Activity 3: Seek continuous improvement

ROLE 4 - MAINTAIN PROFESSIONAL DEVELOPMENT AND CONTRIBUTE TO THE PROFESSIONAL DEVELOPMENT OF OTHERS

Function A - Plan and implement personal development strategies to improve current and future performance

Activity 1: Create and maintain a professional development plan to improve current and future performance

This column prints questions and answers from the OnCall Information Line
Toll free 800.663.1940

OnCall

PHARMACIST INFORMATION LINE

Questions & Answers

Q A patient just presented an electronically-generated prescription with an electronically-generated doctor's signature. The signature is legible, but is this an acceptable form of prescriber authorization?

A No, an electronic prescriber signature is not acceptable. A computer-generated prescription, given to the patient, must have an original prescriber's signature. A faxed prescription with an electronic signature is also unacceptable unless it has a unique identifier, which indicates that the prescription was faxed directly from the prescriber's computer to the pharmacy's fax machine. This exception enables a "paperless" prescriber's office to send a prescription via fax to a pharmacy.

Q I bought a lot of inventory when I opened a new pharmacy six months ago, because I expected a large prescription volume. However, the prescription volume didn't meet my expectations, my rent soared, and now I'm in financial need. A pharmacy that offers international pharmacy services offered to buy some of my inventory for a large sum of money. Can I sell inventory to another pharmacy?

A You can sell your inventory to another pharmacy only if you have an Establishment License. According to Health Canada's Drug Inspection Unit, "all persons who sell drugs to customers other than the final retail customer" must have an Establishment License.

You can find more information by calling the Establishment Licensing Unit at 613-954-6790, or online at:

 www.hc-sc.gc.ca/hpfb-dgpsa/inspectorate/establishment_licences_e.html

Q A local physician sold his medical practice and retired a year ago. However, I just received a prescription written by him, with today's date. To my surprise, I was able to process it successfully on PharmaNet. Do retired physicians still have prescribing privileges?

A Yes, the College of Physician and Surgeons of British Columbia (CPSBC) permits retired life members to have all the privileges of an active member except the right to practise for gain.

You can find more information on the CPSBC website:

 www.cpsbc.ca

TELEHEALTH PROJECT BREAKS NEW GROUND

An innovative health care project will soon be making a difference for patients living with chronic disease. Modelled on the Expanded Chronic Care Model, the Telehealth Demonstration Project offers support to selected patients with diabetes or congestive heart failure.

Starting in March, this unique collaboration between Pharmacist Network, BC NurseLine, Fraser and Northern Health Authorities and Ministry of Health Services, demonstrates how community pharmacists can provide medication self-management support to patients with special health care needs.

"Patients with chronic diseases who are referred to this program will receive the individualized care they need to manage their condition," says Deputy Registrar Brenda Osmond, who is on the selection committee for pharmacists who apply to become telehealth coaches. "The program also provides a great opportunity for pharmacists to work in Primary Health Care Teams, and demonstrate the value of pharmacy care," says Brenda.

"The pharmacist coaches will be specially trained to provide information and self-management support through regular telephone calls to patients and their health care teams. We expect each coach will provide care for 20 – 40 patients over the course of the one-year demonstration period."



Find more information on the BC Pharmacy Association website: www.bcpharmacy.ca>What's New – Public>Telehealth Demonstration Project



PHNs don't add up

Although about four million people live in BC, more than six million personal health numbers (PHN) currently exist in the BC health system. Duplicate, invalid and inaccurate PHNs cause all kinds of health-related and administrative problems. Multiple PHNs place patients at risk of dispensing errors and adverse drug reactions resulting from incomplete medical information.

Each PHN is a unique number used to identify anyone who accesses the BC health system. Many legitimate PHNs relate to out-of-province visitors and deceased patients. However, many more PHNs are created daily when busy pharmacists accidentally generate duplicates.

The College is working with the Ministry of Health Services and PharmaNet to weed out inaccurate PHNs. Flipping a patient's day and month of birth, and variations in name spelling, are the most common glitches. The system is also clogged by PHNs inappropriately issued for family pets, or to identify doctor's offices, clinics and hospitals.

Enclosed with this issue of *Read•Links* you will find a PHN Reference Card. Please make sure all pharmacists and pharmacy techs can easily access this PHN Reference Card at their workstations. To order more PHN reference cards, please contact the PharmaNet Help Desk: Lower Mainland 604-682-7120; Victoria 250-952-2867; Rest of BC 1-800-554-0225.

You may also receive a list of inappropriate PHNs issued by your pharmacy. Please review this information and make sure all pharmacists and support staff understand the process for assigning a PHN. The College will continue to monitor invalid and duplicate PHNs and inform pharmacies as needed.



Find out more in the Pharmacy Practices section of the PharmaCare/PharmaNet Policies and Procedures Manual on the PharmaCare website:

www.hlth.gov.bc.ca/pharme/generalinfo/policy/pharmacypractices.pdf

PHN Do's and Don't's

Do check birth date and name spelling before requesting a PHN through PharmaNet

Do contact the PharmaNet HelpDesk and ask them to correct the PHN if you realize you've added a PHN with the wrong name or birth date

Do review the PHN Reference Card

Do make sure all pharmacists and pharmacy techs can easily access a PHN Reference Card

Don't issue PHNs for offices, clinics, pharmacies, family pets, or other animals

Don't issue a new PHN to correct an error made in an existing PHN

Methadone maintenance change

The traditional limit for methadone 'carries' – the amount a patient can take away from the pharmacy – has been four days or 400mg. Pharmacists have questioned recent prescriptions for larger doses, believing this required approval from the College of Physicians and Surgeons of BC.

A recent change in policy allows the treating physician to decide the appropriate quantity of methadone based on the patient's clinical stability and their ability to safely store methadone.

"Doctors no longer need their College's permission to prescribe larger supplies," explains Deputy Registrar Brenda Osmond. "If you believe a patient isn't ready to manage 'carries,' discuss your concerns with the prescriber. You should also talk to the prescriber if you know anything else about a patient that might cause concerns about who is the likely end user of their 'carries.'"

Tips for methadone pain management

Although methadone dispensed to help patients manage heroin addiction is the same drug as methadone used to ease chronic and cancer pain, patients receiving these medications need different pharmacy care.

For example, when methadone is prescribed for pain, methadone maintenance rules don't apply. Patients don't need to swallow their doses in the pharmacy (unless noted on the prescription), and doctors often prescribe a larger quantity. Pharmacists should make sure patients and caregivers understand the importance of storing methadone securely so that only the patient can access it.

"When used to control pain, methadone is usually dosed every six to eight hours," explains Deputy Registrar Brenda Osmond. "Its long pharmacokinetic half-life makes once-a-day dosing suitable for methadone maintenance, but its effects are not as long



Find more information about methadone maintenance on the College website: www.bcpharmacists.org>Resources >Community Pharmacy Resources>General>BC Methadone Maintenance Program: Information for Pharmacists

lasting when used for pain." Doses are titrated slowly because it takes five to seven days to achieve steady levels of methadone in the patient's bloodstream.

"It's also important that pharmacists realize that BC doctors authorized to prescribe methadone for methadone maintenance have to get separate authorization from their College if they wish to prescribe methadone for pain," says Brenda.

"Because doctors must have separate authorizations, and because PharmaCare reimburses differently depending on the indication, it's important you use the correct Product Identification Number (PIN) when entering these prescriptions on PharmaNet."



You can find more information in the College of Physicians and Surgeons of Ontario publication, "Methadone for Pain Guidelines" on their website at: www.cpso.on.ca/Publications/methpain.pdf

Choosing the right PIN

Methadone product names in PharmaNet include "maintenance" or "pain" depending on the PIN you select. Methadone for pain is prescribed in a variety of strengths. Correct information is essential because health care professionals rely on PharmaNet to guide therapeutic decision-making.

Product	Pin	Interaction
Methadone (maintenance) 1 mg/mL	66999990	direct patient interaction
Methadone (maintenance) 1 mg/mL	66999991	no direct patient interaction
Methadone (pain) 1 mg/mL	66124066	



You can find a complete listing of methadone PINs on the BC Ministry of Health Services website at: www.healthservices.gov.bc.ca/pharme/pins/methpins.html

People News

In this issue of Read-Links we recognize a few of the thousands of people who contribute to our profession and to the College.



Kitty Chiu

News and Moves

The College welcomes new staff member, **Kitty Chiu**, Administrative Assistant-Reception. Kitty's toll-free

direct telephone number is 866-676-4200, email: kitty.chiu@bcpharmacists.org.

After a decade as the go-to person for PharmaNet, **Melva Peters**, PharmaNet Coordinator, is leaving the College to take up private contracting as a business analyst in the area of information systems. The College sincerely thanks Melva for her years of dedicated service and is happy to be able to contract with her for interim PharmaNet administration services until these functions are transferred to the Ministry of Health Services later this year.

April Lightbown starts a new position, Administrative Assistant - Office Services, and is the new E-Link contact person for pharmacists needing password or other help with E-Link webmail accounts. Her toll-free direct telephone number is 866-676-4224, email: april.lightbown@bcpharmacists.org.

Josefina Marchetti has resumed her Administrative Assistant - PharmaNet position, responsible for processing PharmaNet profile requests. Her toll-free direct number is 866-676-4213, email: josefina.marchetti@bcpharmacists.org.

Alan Samuelson, Quality Outcomes Specialist for hospital pharmacy Districts 6 and 7, has taken on additional responsibility for the MentorLink Program. Alan's toll-free direct telephone number is 866-676-4237, email: alan.samuelson@bcpharmacists.org.

Long Term Care

Medication room inspections

- "Do medication room inspections have to be done by the pharmacist?"
- "If a facility has more than one medroom, do they all have to be inspected every three months?"

In response to these questions, the Long-term Care Committee recently reviewed medication room inspection policies. The committee members agreed the current requirements remain valid and are important in ensuring safe and effective outcomes for long-term care residents.

Medroom inspections need to be carried out by a pharmacist. It's important for a pharmacist to personally review pharmacy and facility policies and procedures because a pharmacist is in the best position to recognize the significance of a comment overheard or a practice observed, and to respond accordingly.

It's also important to inspect every medroom every three months. Staff questions, comments, and procedures can vary greatly from medroom to medroom. However, the time spent in each medication room depends on the track record of that area and on the pharmacist's observations at the time. Some medrooms may require only a cursory review and others may need a more thorough inspection.

The important thing is that the pharmacist must be satisfied that the reasons for the visit have been met.

That is:

- facilitating implementation of the bylaw and confirming ongoing compliance
- identifying any policies and procedures which are not being followed
- working with pharmacy and facility staff to correct the situation
- having a reasonable opportunity for contact with care staff

The committee does feel that some pharmacists may spend more time than should be necessary on identifying and removing expired and discontinued medications. The Medication Safety and Advisory Committee should develop policies and procedures to be carried out by facility staff about such matters. The pharmacist is then responsible for confirming that those procedures are carried out effectively.



You can download a sample Medication Room Inspection form developed by the Long-term Care Committee from the College website:

www.bcpharmacists.org>Resources>Long-term Care Pharmacy>Sample Medication Room Inspection form



Brenda Osmond



A decade ago, when Brenda Osmond was offered the position of Deputy Registrar, she decided it was too good an opportunity to miss.

"Before I worked at the

College I was always involved in professional organizations as a volunteer. College staff positions don't come along often, and the thought of working full-time at some of the things I volunteered for was very appealing," she says.

She walked away from a thriving career as a clinical pharmacist to dedicate herself to making sure all British Columbians, regardless of their circumstances, receive the pharmacy care they need.

This often thankless task involves countless hours sitting in federal stakeholder meetings and in discussions with provincial politicians and ministry officials. It includes monitoring developments in BC and around the world, and preparing materials for Council so they can make sure the College remains a leader in pharmacy regulation.

"Some of the more interesting issues I've been able to work on are the methamphetamine situation, ensuring that methadone services are available and finding ways to make the morning after pill more accessible to women," says Brenda. Her dedication to championing the interest of patients has helped ECP and methadone maintenance programs become widely accepted by BC pharmacists and the provincial government.

Over the years she's seen major shifts in pharmacy practice. "More and more pharmacists are venturing into less traditional, more patient focused practices," she says. "Patients now have a wider variety of pharmacy services to choose from

- ranging from small neighbourhood pharmacies to large chains to consulting services not associated with a pharmacy.

"As our profession evolves, so too must the regulatory organization. We must actively lead the evolution," says Brenda. At the international level she does this by representing the College at prestigious conferences. At the local level, she works with municipalities to ensure that addicts receive the pharmacy care they need in their own communities.

But most of the hours in her typical day are spent talking one-on-one with BC pharmacists. Her 15 years of experience in hospital and community pharmacy means she understands the realities of daily practice. She knows what it's like to explain chemotherapy protocols to a cancer patient, to sooth cranky customers in a busy pharmacy, and to motivate the staff of a large dispensary.

"I enjoy listening to pharmacists talk about what they are experiencing. Pharmacists are always coming up with great ideas, and I love finding ways for them to make their ideas come to life," she says.

But it's not all roses. "Unfortunately, there are those who think of the College as an adversary. It's a challenge to convince some pharmacists that the College is more interested in encouraging good practice than in getting in the way of it."

So she draws on her detailed knowledge of College policies and pharmacy legislation to find ways to help individual pharmacists understand that "a large part of regulation is setting the stage for competent professionals to make the best use of their skills to improve patients' lives.

"When a pharmacist calls me with a question, I always ask how they would handle the issue in the best interest of the patient," says Brenda. "Then we talk about how to make it happen. We discuss our different perspectives. It's surprising how often we can find a way to make sure the patient is being well served by the pharmacist. That's really what we all want."

E-communication

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As the regulatory body for pharmacy, the College responds to pharmacists' needs by continually reviewing and upgrading communication services. In past decades the College required every pharmacy to have a typewriter. Now the College is looking at policy options such as whether every pharmacy should have a terminal dedicated to internet access.

To be effective, the College needs to know which technologies work best for practising pharmacists. By taking a few minutes to respond to Policy Input, you can help shape College policy to meet the needs of our profession.



Inquiry Committee change

Community pharmacist Linda Bryan is the new chair of the Inquiry Committee, which is responsible for reviewing concerns the public may have about a pharmacist's practice. Linda, who practises in Surrey, BC, succeeds Allen Jang who chaired the committee for five years before relocating to Ontario.

More hospital terminals

Pharmacists can now access PharmaNet from any hospital network terminal - without prior approval from the College, as long as the hospital pharmacy is already PharmaNet-connected.

Pharmacy managers can grant access to pharmacists employed by the pharmacy or by other health authority departments. Managers are still responsible for setting access, audit and security policies and making sure pharmacists follow them. Also, health authorities must have appropriate security policies, such as logging off when the terminal is not in use, password protection and automatic log off after a certain period of inactivity.



If your hospital pharmacy is not yet PharmaNet-connected, you can download a "Request for Connection" form from the College website: www.bcpharmacists.org/pharmanet/resources

Doctors' offices

Starting February 2005, doctors can ask the Ministry of Health Services to connect their offices to PharmaNet. This means doctors in private practice, group practices and clinics will finally be able to access patient medication histories when deciding what drugs to prescribe. As more doctors become familiar with PharmaNet, pharmacists can expect an increased number of calls seeking help interpreting PharmaNet records. If you need to consult with a doctor about a drug-related problem, it may be helpful to suggest both of you view the patient's record at the same time.



Find out more:
www.healthservices.gov.bc.ca
>Ministry News>Patients Benefit from PharmaNet Expansion (Dec 06, 2004)

Check www.bcpharmacists.org for details

Event Victoria Spring 2005 Lecture Series
Dates Mondays, February 21, March 7, March 14
Topics Medical Marijuana, Addiction 101, New Drugs and Drug News
Location Holiday Inn, Blanshard Street, Victoria, BC



Find program information, advance payment registration form at:
www.pharmacy.ubc.ca/cppd/VLSSPRING.pdf

Event Meet Jean-Michel Lavoie, President of Pharmacists Without Borders, Canada
Date March 16 - 20, 2005
Location Vancouver, BC
Contact Jean-Michel Lavoie, 514-254-0676, email: psfcanada@videotron.ca

Event CPBC Council meeting
Dates Fridays, April 15, June 17, 2005
Location College office, Vancouver, BC
Contact Samantha Lam, 866-676-4220 toll-free direct

Event Northwest BC Pharmacy Conference
Date April 30 - May 1, 2005
Location Terrace Best Western Inn, Terrace, BC
Contact Terrace Regional Coordinator, Denise Law, 604-635-4021

Event Canadian Pharmacy Practice Program
Date May 3 - July 22, 2005
Location UBC Continuing Pharmacy Professional Development Division
Purpose New program for foreign-trained pharmacists and those returning to practice after a long absence
Contact Catherine Ekland, 604-827-5781, email: cekland@interchange.ubc.ca



Find program information at:
www.pharmacy.ubc.ca/cppd

Event International Conference on Patient Self-Management
Date September 12 - 14, 2005
Topic Hands-on opportunities to learn patient self-management techniques
Location Victoria Conference Centre, Victoria



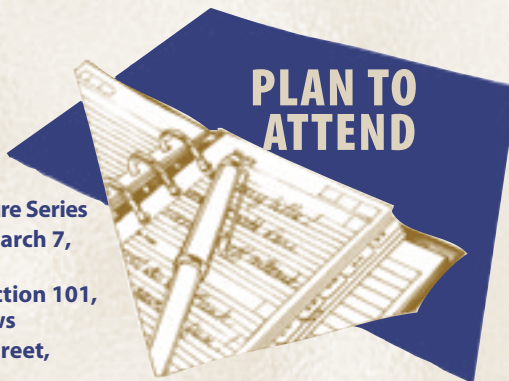
Find international conference information at:
www.newperspectivesconf.com

UBC Continuing Pharmacy Professional Development (CPPD) Distance Education Program 2005

New topics: Stroke, Basics of Immunization, Current and Future Issues in Viral Diseases and Non-HIV Antiviral Drugs, Applying Basic Pharmacoeconomic Principles in Everyday Practice, Patient Assessment



Find program information, registration form at:
www.pharmacy.ubc.ca/cppd/HOMESTUDY.pdf
www.pharmacy.ubc.ca/cppd/DISTANCEREGFORM.pdf
Find CPPD program information at:
www.pharmacy.ubc.ca/cppd/programs/



Ready for disaster

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professional practice policy says, "It is the responsibility of the pharmacy manager to be informed of the emergency preparedness plan in the area of the pharmacy that he/she manages and to be aware of his/her responsibilities in conjunction with that plan."

Don't put it off. Get involved and become part of the emergency management team in your community. For more information, call BC's Emergency Management Branch at the Ministry of Health, 250-952-1700; or the federal Office of Critical Infrastructure Protection and Emergency Preparedness at 250-363-3621.



For information on how to become a registered Provincial Emergency Program volunteer, check out the Provincial Emergency Program website: www.pep.bc.ca

To learn more about Public Safety and Emergency Preparedness Canada, go to www.psepc.gc.ca/index_e.asp

If you're interested in volunteering to help tsunami victims, you can get more information from Pharmacists without Borders – Pharmaciens Sans Frontiers (PSFCI): www.psfci.org

READ • LINKS

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